

## SUPPLEMENTAL APPLICATION DATA SHEET

## **Application Information**

Variety Denomination Name::

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	ENERGY IRRADIATION APPARATUS
Attorney Docket Number::	019952-185
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	19
Small Entity?::	No
Latin Name::	

Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Wataru
Middle Name::	
Family Name::	KARINO
Name Suffix::	
City of Residence::	
State or Province of Residence::	New Jersey
Country of Residence::	United States
Street of Mailing Address::	c/o Terumo Kabushiki Kaisha 1500 Inokuchi, Nakai-machi
City of Mailing Address::	Ashigarakami-gun
State or Province of Mailing Address::	Kanagawa
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Akira
Middle Name::	
Family Name::	SAKAGUCHI
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	Japan
Street of Mailing Address::	c/o Terumo Kabushiki Kaisha 1500 Inokuchi, Nakai-machi
City of Mailing Address::	Ashigarakami-gun
State or Province of Mailing Address::	Kanagawa
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Hiroshi
Middle Name::	
Family Name::	KIZUKURI
Name Suffix::	

City of Residence::

Yachiyo-shi

State or Province of Residence::

Chiba

Country of Residence::

Japan

Street of Mailing Address::

446-126, Oowadashinden

City of Mailing Address::

Yachiyo-shi

State or Province of Mailing Address:: Chiba

Country of Mailing Address::

Japan

Postal or Zip Code of Mailing

Address::

**Correspondence Information** 

Correspondence Customer Number:: 21839

Phone Number::

(703) 836-6620

Fax Number:

(703) 836-2021

Representative Information

Representative Customer Number::

21839

**Domestic Priority Information** 

Application::

Continuity Type::

Parent Application: Parent Filing

Date::

**Foreign Priority Information** 

Country::

**Application Number::** 

Filing Date::

**Priority** Claimed::

Japan

2003-089008

03/27/03

Yes

Japan

2003-089009

03/27/03

Yes

## **Assignee Information**

Assignee Name:: Terumo Kabushiki Kaisha

Street of Mailing Address:: 44-1, Hatagaya 2-chome

City of Mailing Address:: Shibuya-ku

State or Province of Mailing Address:: Tokyo

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing

Address::